DOCUMENT RESUME

ED 361 139 RC 019 266

TITLE	Blueprint for Migrant Health: Health Care Delivery for the Year 2000. Migrant Clinicians Network Monograph Series.
INSTITUTION	Migrant Clinicians Network, Inc., Austin, TX.; National Migrant Resource Program, Inc., Austin, TX.
PUB DATE	Sep 92
NOTE	9p.
AVAILABLE FROM	National Migrant Resource Program, Inc., 1515 Capital of Texas Hwy. S., Ste. 220, Austin, TX 78746 ($2).
PUB TYPE	Information Analyses (070)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Cultural Awareness; *Delivery Systems; *Health Education; *Health Promotion; Information Networks; Long Range Planning; Migrant Education; *Migrant Health Services; Migrant Programs; Migrants; *Migrant Workers; Outreach Programs; *Program Administration

ABSTRACT

This monograph addresses issues concerning the future of health care delivery for migrant and seasonal farmworkers formulated by participants at the 1992 Migrant Health and Migrant Clinical Issues Conference. Ten focus groups considered various issues and barriers to service delivery and listed the system characteristics required to implement the ideal delivery system. The ten focus group topics were: (1) health promotion through patient empowerment and education; (2) community outreach; (3) financing; (4) data transfer; (5) cultural sensitivity; (6) case management; (7) oral health services; (8) recruitment and retention of health care providers; (9) advocacy and tailoring delivery systems; and (10) practice-based research. The ideal health care delivery system outlined by the focus groups: (1) must be involved in all areas that affect farmworkers' health; (2) must provide comprehensive health care services; (3) must provide services in a manner appropriate to farmworkers' culture and lifestyle; (4) must be developed from the ground up; (5) must maximize interagency coordination and integration of services; (6) must aggressively recruit multilingual, multicultural health care providers and other staff; (7) must use a centralized, standardized database; and (8) must achieve consolidated funding rather than funding fragmented among different sources with differing priorities. (LP)

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ED 361 139

MCN monograph series
MIGRANT CLINICIANS NETWORK

Blueprint for Migrant Health: Health Care Delivery for the Year 2000

Participants at the 1992 Migrant Health and Migrant Clinical Issues Conference gathered to address the future of health care delivery for migrant and seasonal farmworkers in this country. Ten focus groups considered this issue from different perspectives. Each group was asked, "What are the key elements of a viable migrant health care delivery system for the year 2000?" Groups formulated lists of issues and barriers to be addressed for their topics, then listed the system characteristics required to implement the ideal delivery system. The results of these deliberations are summarized in this document.

The ten focus group topics were: 1) health promotion through patient empowerment and education, 2) community outreach, 3) financing, 4) data transfer, 5) cultural sensitivity, 6) case management, 7) oral health services, 8) recruitment and retention of health care providers, 9) advocacy and tailoring delivery systems, and 10) practice-based research.

For the Migrant Clinicians Network, National Migrant Resource Program, and other organizations which serve farmworkers and their families, the outcome of the focus groups' work in San Diego represents the next level of development for implementing the Migrant and Seasonal Farmworker Health Objectives for the Year 2000. Those objectives serve as a health promotion and disease prevention agenda, and establish a foundation for our endeavors over the next decade.

RC 019266

An Ideal Health Care Delivery System

Each focus group discussed issues and barriers specific to its assigned perspective. However, the resulting documents reflected common threads among the various discussions. The following general characteristics describe the ideal health care delivery system outlined by the focus groups:

- The ideal health care delivery system must be involved in *all areas that affect farmworkers' health.* Examples include housing, unemployment and workers compensation, immigration and citizenship regulations, and access to care.
- The system must provide *comprehensive health care services,* incorporating preventive health care, health maintenance, screenings, oral health, mental health, substance abuse prevention, and social services.
- The system must provide services in a manner which is *appropriate to farmworkers' culture and lifestyle.* Barriers which impede access to services must be reduced through the provision of transportation, child care, expanded (evening and weekend) clinic hours, multiple service provision sites, outreach programs, and other services. Health care providers, other clinic staff, and patient education materials must be appropriate to farmworkers' language and reading skills, cultural values and behaviors, and lifestyle.
- The system must be *developed from the ground up,* instituting services based on documented needs. Involvement of individuals, families, and communities is critical in the development of services for farmworkers.
- The system must maximize *interagency coordination and integration* of services to provide "one-stop" access to services. Such coordination and integration must offer universal access for farmworkers, require minimal documentation for registration and reporting, and ensure interstate reciprocity as farmworkers travel along the migrant stream.
- The system must aggressively recruit *multilingual, multicultural health care providers* and other staff. Health care services should be provided by a multi-disciplinary team. In addition, the system must allow the allocation of work time for functions such as case management and practice-based research, rather than basing productivity ratings solely on numbers of patients.
- The system must use a *centralized, standardized database* for collection of data on farmworkers and trans-

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dental hygienists, and community outreach workers. Qualified staff may be hard to recruit in some areas.

Finally, outreach programs which emphasize screening and needs assessment suffer from the lack of a streamlined system for the transfer of medical records. It is very difficult to conduct comprehensive health screening and needs assessment for a patient in the absence of a reasonably complete medical history.

System Characteristics

- The ideal health care delivery system should make use of all types of marketing services to promote advocacy and community ownership. Examples of promotion activities include the use of camp health aides, community health fairs, and public service announcements.
- Development of effective interagency collaboration requires a concentration of staff time. The system must foster such collaboration, and must have both the staff and the organizational flexibility to work at interagency coordination. In addition, the system must provide funding to migrant health centers for outreach endeavors.
- The system must be able to educate both the general public and Congress about the effectiveness of outreach in terms of improved health status and cost effectiveness.
- The system should continually seek new potential alliances for migrant health centers, including partnerships with growers and linkages with academic institutions.

Financing

In addition to the other barriers identified, such as lack of transportation, lack of child care, language and cultural barriers, etc., many farmworkers simply do not have adequate income to pay for services. Even when they do qualify for financial assistance, they may be deterred from seeking it by misunderstandings about legal status and citizenship issues or cumbersome income documentation requirements which are difficult for farmworkers to meet.

Lack of coordination among agencies is also a problem for farmworkers. Due to differing eligibility standards and application procedures from state to state, migrant farmworkers may not be able to qualify for and receive assistance in one state before moving on to the next harvest location. This problem is magnified by the need in many states to register for several different programs in order to receive all possible assistance. Because of this lack of coordination, clients are often discouraged from seeking any services other than acute medical (e.g., mental health, social services).

Service providers are also adversely affected by funding constraints and the lack of coordination among agencies. Programs must invest time and energy in writing grants and seeking funds, resulting in less time to actually deliver services. Worse yet, program priorities are driven by what funds are available rather than by the actual need for services. In addition, funding sources often create disincentives for coordination, leading programs to expend energy developing services which are already available through other agencies, rather than attempting to coordinate access to existing services.

System Characteristics

- The ideal health care delivery system should provide full access to care to everyone, regardless of ability to pay. Requirements for documentation of income must be reasonable in terms of the types of documentation that farmworkers are able to produce. Citizenship and/or legal status must not be a barrier to coverage.
- The system should provide services in such a way that they are fully accessible to migrant farmworkers, in terms of cultural sensitivity, cost and/or financial assistance, availability of transportation and child care services, etc. The ideal system must be a national system, with uniform access and registration from state to state. Reciprocity agreements between states should allow uniform access across state boundaries.
- The system should consolidate, to the greatest extent feasible, the registration processes for a variety of services (WIC, Social Services, etc.). However, this requirement must not be met by requiring applicants to complete a long and/or complicated application to satisfy varying agencies' requirements. Rather, the requirements themselves should be streamlined and coordinated among agencies.
- The system must provide support for comprehensive health services in addition to medical care. Examples of services to be provided include oral health, nutrition, health education, preventive services, mental health, community outreach, multi-lingual translation, and transportation.
- Financing for the system should entail only the minimum reporting requirements needed to insure accountability. Categorical grants must be simplified so that the service delivery system is not a patchwork of different funding sources. The emphasis for financing should be to put resources into service delivery rather than into administration. Financing should be streamlined so that billing, claims processing, etc. are dramatically simplified for health centers.

Data Transfer

The issue of data transfer has been raised again and again by organizations attempting to provide health care services to farmworkers. Providers in migrant health centers are often hampered in their efforts to deliver comprehensive care to farmworkers due to the lack of a complete medical history. Confidentiality issues, lack of cooperation among agencies, and fragmentation of the service delivery system have all posed barriers to development of an effective means of transferring medical records among health centers. In addition, the staff time for data input,

the expense of computer time and equipment, and the lack of a standardized, central system for coordinating such information has resulted in low participation rates for previous data transfer efforts.

Without a mechanism for transferring patient information among service delivery sites, continuity of care is difficult to achieve and, in the absence of documentation, migrant health centers often are forced to duplicate services to individual patients.

System Characteristics

- The ideal health care delivery system should feature some type of Universal Access Card which allows patients access to migrant and other health centers.
- The system should develop and use an immunization/growth chart, with the patient's picture on it, for all infants and children. In addition, existing mechanisms for tracking prenatal care for pregnant farmworkers should be reviewed and updated as needed for use throughout the service delivery system.
- The system should develop advocates who can work with various health professional organizations to promote awareness of migrant health issues among health care providers.
- The system should compile a directory, by stream, of the agencies involved in service delivery, including health departments, migrant health centers, community health centers, and other agencies. This directory should be used for referrals and networking among all agencies in the system.
- The system should develop a method for fax transfer of medical records, and/or should consolidate all migrant medical records into a central, automated database. The development plan for this database must address data reporting and input procedures, equipment needed for access, training of health center staff, and legal issues regarding transfer of medical records.

Cultural Sensitivity

Cultural barriers are among the most difficult to address in providing health care services to migrant and seasonal farmworkers. To be appropriate for a population, the health care delivery system has to consider patients' traditions, culture, and health-related behaviors in designing mechanisms for service delivery. Lack of understanding and/or negative attitudes on the part of health care providers and health center administrators may lead to the development of programs and services which are designed "from the top," by the health center rather than in cooperation with the target population. This approach to program design leads to barriers such as clinic hours which are designed for staff convenience rather than patient access. In addition to influencing their access to health care services, discrimination and other negative attitudes (e.g., impatience about patients not speaking English) may also hamper community acceptance of farmworkers and community support of a migrant health center.

The current service delivery system does not have enough community/migrant health centers to serve the population in need; for example, the Migrant Health Program estimates that its health centers are able to serve only twelve percent of the eligible farmworker population. This lack of service delivery sites, combined with the scarcity of qualified health professionals willing to practice in rural areas, results in an acute shortage of the culturally diverse, minority health professionals who are most likely to possess the multicultural background necessary to provide appropriate services to the farmworker population. Although it is helpful for migrant health centers to recruit from medical and nursing schools, these schools may also have difficulty attracting bilingual/bicultural students. Thus, migrant health centers desperately need bilingual, culturally sensitive staff from all disciplines, including physicians, dentists, nurses, mid-level providers, health educators, and support staff.

The lack of bilingual staff is costly for migrant health centers. First, hiring a full-time interpreter for a clinic's health care providers results in an extra expense. In addition, even though community educators and lay health workers can help to alleviate the need for paid interpreters, funds are often not available to reimburse health centers for programs and services involving these workers.

In addition to lacking health care providers to work with farmworkers, health centers also find very few patient education materials which are appropriate for use with farmworker clients. When good educational materials, especially video, are available, they are frequently proprietary and their cost makes them unavailable to health centers. Migrant care providers also find that literacy is often a big obstacle to health education efforts and patient compliance. Many farmworkers are unable to read either in English or in their native language.

System Characteristics

- The ideal health care delivery system should take a team approach to evaluating health care providers and other staff for cultural sensitivity. Health center Executive Directors must receive on-going education about cultural sensitivity, and must be held accountable for the provision of appropriate services by their health centers. To ensure that services are provided in an appropriate, accessible manner, service delivery sites should base decisions about programs and services, clinic hours, etc. on regular surveys of their clients.
- The system should make full use of community resources such as lay health educators and community outreach workers. These individuals from the community should work with regular professional supervision and consultation. The system should provide funds to support the use of such community resources, as well as to provide opportunities for their professional advancement.

- The system should comply with existing requirements for bilingual capabilities. Bilingualism should be fostered among people of all ages through bilingual education programs, staff reimbursement for learning additional languages, etc. In addition, the system should work to educate individuals and agencies in its "referral pool" to farmworker language, lifestyle, and cultural issues.
- Educational materials targeted toward farmworkers should be developed as needed. The Migrant Clinicians Network should take the lead in developing these materials. The National Migrant Resource Program should continue its aggressive efforts to collect effective programs and materials developed in the field, so that these programs and materials can be shared with other agencies. A variety of educational materials should be made available in appropriate language, with most written for patients with low literacy levels. Media should include education packets, pamphlets, videos and audio productions, radio, and television. In order to make sure that these materials are available to health centers, the system should be able to make large-quantity, discounted purchases of appropriate productions.
- The system should include programs to educate neutral or interested specialists, hospital staffs, and other health professionals already in practice about career possibilities in migrant health. Students, interns, externs, and residents in the health professions should have varied and frequent opportunities for exposure to migrant health issues, and should also be educated about farmworker lifestyle, culture, and health behaviors.

Case Management

Providing health care services to migrant and seasonal farmworkers presents unique challenges for case management. Many farmworker patients need specialized services which are not needed by the majority of other patients in a health center. This need for specialized services, combined with the migrant lifestyle and multiple barriers in access to services, illustrates the importance of the advocacy role in case management for farmworker patients.

The case management component of the ideal health care delivery system must address a number of issues, including the definition of who serves as the case manager (i.e., is it a nurse or other health care provider, is it an administrative or support position) and how case management services are to be reimbursed. Before these issues can be resolved, the system must clearly define the lines of authority between case management and medicine, provide reimbursement for case management services (regardless of who provides them), and determine how preventive health efforts will be recognized for case management purposes.

System Characteristics

- In the ideal health care delivery system, the Migrant Health Program must have a large role in educating other providers about case management. The background for such education can be provided through research and evaluation of existing case management systems.
- The system should designate Nursing Divisions in migrant health centers as the overseers of the case management component.
- The system should feed assessment information into a centralized database for research.

Oral Health

Because of the increasing scarcity of funding, the number of migrant health centers which provide oral health services to farmworkers is dwindling. Since farmworkers usually cannot afford to purchase routine dental care, many farmworkers have never seen a dentist. Oral health problems are frequently not diagnosed until they begin to manifest as primary health problems.

Although farmworkers in some states are eligible for Medicaid coverage, these programs are few and far between. In addition, they normally cover dental services for migrant children only. There is very little coverage for adult oral health services of any kind. Unless preventive dentistry is incorporated into the services of primary health clinics, unmet oral health care needs will continue to lead to other health problems for migrant farmworkers.

System Characteristics

- The ideal health care delivery system should feature strong integration among oral health services, medical care, WIC, mental health, migrant education, and other service components. Basic oral health services should include preventive, emergency, and restorative dentistry. The system must also have strong quality assurance components, and practice-based research should be incorporated into the system to increase the knowledge base for all components.
- The system's dental program should be prevention-oriented and community-based. Migrant health center dental programs must have adequate facilities and staffing to allow full productivity.
- The system should feature affiliations between migrant health centers and schools of dentistry, dental hygiene, and dental assistance.

Recruitment and Retention

Migrant health centers are hit hard by the current shortage of qualified health professionals who choose to work with under-served populations. Financial constraints make it difficult for migrant health centers to establish competitive salary and benefit packages to attract providers. In addition, other factors such as the rural locations of many migrant health projects, limited opportunities for networking with colleagues, lack of information resources such as aca-

demic centers and medical databases, and the overwhelming need of the farmworker population itself may work to discourage health professionals from considering migrant practice. The shortage of National Health Service Corps obligates to fill vacancies left by their predecessors reveals a major weakness in the recruitment and retention strategies of migrant and community health centers. The increasing cost of replacement of clinicians, as measured by expenditures of money, time, retraining, productivity loss, and morale, has accelerated the problem to its current crisis level.

System Characteristics

- The ideal system should establish and support local, state, and federal programs that encourage rural and under-represented minorities to pursue health careers.
- Scholarships should be created for health professional students, with service payback to migrant and community health centers. In addition, the system should be able to fund preceptorships, clerkships, and primary care training, including new residencies, at migrant and community health centers.
- Education on farmworker health status should be included as part of the special population curriculum in all health professions training, especially through the state Area Health Education Centers.
- The system should include advocacy efforts on behalf of both farmworker families and the clinicians who are dedicated to serving them. Efforts should focus on how to help them do their jobs better or be more effective.
- The role of the clinical representative in the regional office should be redefined so that this representative approaches problems from a "clinician in the trenches" perspective.
- Clinicians should have input and access to the Bureau of Primary Health Care; the two new ombudsman/consultant positions filled in 1992 are a good start toward this goal.
- There should be representation in other groups by clinicians. Participatory roles for clinicians in community, state, and federal agencies should be recognized as a forum to advocate for farmworkers.
- Clinician time spent on in-patient care, administration, teaching, and community advocacy should be adequately reflected so that clinicians are penalized for such participation.
- The system must offer a salary and benefits structure for clinicians which is competitive with private practice. Incentive programs should include guaranteed continuing education time and funding, flexible scheduling, shared positions, and access to computerized medical information systems.
- Active assistance should be provided for clinicians seeking relocation to other migrant health centers.
- The system should have linkages in place to reduce the cost burden of malpractice and liability insurance, supplies, personnel benefits, and recruitment efforts. Clinicians' benefits and malpractice insurance should be transferable within the system.
- Practice sites which have on-going problems with recruiting and retaining providers should be identified and a support system developed for these sites through the collaboration of agencies, health professional training programs, local medical communities, and the Migrant Clinicians Network.
- To foster professional development for clinicians, the system should develop a network of migrant health center teaching sites and promote clinicians into teaching roles at these sites.

Tailoring Service Delivery Systems

Migrant farmworkers often live and work in rural areas which are not served by established health care delivery systems. Lack of transportation, language and cultural barriers, poverty, low literacy levels, lack of child care, and other barriers frequently make it difficult for farmworkers to receive the necessary services. Between these barriers to farmworkers and the lack of financial resources for provision of services, the Migrant Health Program currently only serves 12-15 percent of the eligible migrant and seasonal farmworkers and their families. The scarcity of funding leads to competition among clinics and providers for the same resources instead of cooperation to develop integrated services.

As a result, there is little continuity in services for farmworkers. Many different providers, including private sector providers, community health centers, migrant health centers, and hospital emergency rooms may have a hand in providing health care to a single individual. In the absence of a centralized system for data transfer among these providers, many patients are lost to follow-up. This loss is particularly problematic when patients need care for chronic health problems such as diabetes, hypertension, tuberculosis, AIDS, etc.

In addition, efforts to increase the resources available for health care delivery to farmworkers are severely hampered by the scarcity of data about the population in need. There are virtually no reliable, national figures about the number of farmworkers, their location at a given time, their demographic characteristics, or their health status. This information is necessary in order to identify and prioritize needs for the limited resources available.

System Characteristics

- The ideal health care delivery system will be a multi-tiered system which offers appropriate levels of entry and structure. The first tier should be made up of lay health providers who are identified, trained, and shared among clinics in the system. The second tier should include mid-level providers such as nurses, nurse practitioners, and physician assistants. The third level should be dentists

and general and family practice physicians, and the fourth level should be specialists in obstetrics and gynecology, internal medicine, pediatrics, and dental specialties. Finally, the fifth level should be made up of hospitals and sub-specialty physicians. This multi-tiered system should deliver comprehensive services across age groups, including medical and dental services, obstetrics, health promotion and disease prevention, patient advocacy, transportation, and community outreach.

- The system should include service provision at multiple sites (i.e., day care, Head Start, labor camps, mobile units, colonias, schools) in addition to clinics.
- An accreditation plan for migrant health clinics should be developed.
- Clinics should be integrated with multiple specialty training programs, offering both coursework and residencies for students in medicine, dentistry, nursing, mid-level programs, and laboratory specialists.
- Farmworkers should be assigned a unique identification number to facilitate the development of a central data clearinghouse which features electronic data transfer of patient medical records and other information with a multi-lingual/multi-cultural orientation. The database should be capable of continuous data collection and assimilation, including population- and disease-specific analyses, standardized data entry forms, and the establishment of a sentinel network.
- The system should develop a purchasing plan which ensures that the necessary medications are available to all clinics in the system. The plan should include a mechanism for frequent review and update of the formulary used for purchasing.

Practice-Based Research

The available information regarding migrant farmworkers in America generates as many questions as it does answers. Current literature offers conflicting and piecemeal information about the number of farmworkers, their migration patterns, their health status, and their living and working conditions. While regional and anecdotal evidence suggests that farmworkers are at high risk for a number of health problems, and that the services available are inadequate to meet their needs, there is no reliable data to support the need for increased funding allocations.

There are a number of research design issues which make it difficult to study farmworker populations. Longitudinal studies are especially problematic because migrant patients frequently are not available for follow-up at a particular migrant health center. In addition, project designs which are insensitive to farmworker culture will not result in valid findings.

Additionally, many migrant health centers are reluctant to participate in practice-based research projects because of the lack of both money and support staff. Without adequate funding and/or adjustment of staff productivity criteria, migrant health providers must do their regular jobs as well as any research activities. This leads to staff burnout. In addition, health centers are sometimes concerned that research findings will be linked to their evaluation and continued funding.

When health center providers are willing to conduct practice-based research, the necessary equipment, software, and other tools may not be available or adequate, and many health centers lack both in-house research expertise and linkages to outside research resources. In addition, migrant health centers may experience difficulty cooperating with university research projects due to conflicts with the university agenda, control issues, and university culture. Finally, research projects may raise ethical and trust issues for migrant patients. They may fear legal reprisals and/or immigration problems, or they may feel exploited by the research project, or there may be cultural characteristics and values which impede patient participation and affect the quality of the responses obtained. Thus, the information obtained from patient interviews may not be valid or reliable.

System Characteristics

- The ideal health care delivery system must allow a formal allocation of work time for research activities, including staff time for phone calls, photocopying, pulling charts, etc. Personnel requirements for the system's research component should be partially fulfilled by using students, training programs, and linkages to centers of research expertise (e.g., universities, statisticians, analysis and survey design experts, translators).
- The system should provide funding to use available resources such as other research projects, Medline and other databases, and library and search services. Research should be included as a line item in community/migrant health center budgets. Before official research results are published, timely feedback should be solicited from and provided to health center staff, community board, and patients.
- All practice-based research should be part of a centralized migrant health center research network which offers training for uniformity in project design and a standardized data collection forms. A newsletter and semiannual journal focusing on migrant research should be published, an annual migrant research forum should feature abstracts and presentations on current research. In addition, a Migrant Institutional Review Board should be created to review proposed research projects, insuring the ethical compliance and practical application of any proposed research.
- In order to collect sufficient information for research, the system must utilize a standard, computerized billing system which can

identify migrant, seasonal, and other users by demographic characteristics, diagnosis, and procedure. The system must be able to generate reports. Ideally, the system should have access by modem to a centralized national database, automatically uploading and downloading data to update health center files. The system must provide data entry personnel to meet recording requirements.

- Research fellowships should be established for medical students and migrant clinicians. Mentoring programs should be established for students and new staff. In addition, the system should use federally-sponsored sabbaticals to aid in the long-term retention of providers.

Summary and Conclusions

In order to improve the overall health status of farmworkers in this country, it is imperative for all organizations and individuals providing services to farmworkers to unite in an effort to create real change. Such a collaborative effort can be successful if everyone works toward an agreed-upon set of objectives. This document identifies some very specific characteristics of an ideal health care delivery system, and poses some equally specific methods for achieving those objectives. It is also important to recognize that health planning must be a comprehensive, multi-disciplinary effort involving all service organizations, and is not the sole province of the migrant health center, the community health center, or even the health department. In order to effect change for the farmworker population, coordination among service agencies and individual efforts must take place. The qualities identified by the ten focus groups as essential parts of the ideal health care delivery system capitalize on the multi-disciplinary nature of migrant health centers and the ability of service organizations to share resources and technical information. It is this combination of professional expertise and organizational collaboration which will successfully move the health care delivery system into the year 2000.

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